DOCUMENT RESUME

ED 261 322 CG 018 520

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TITLE Helping Children Understand and Cope with Death.
PUB DATE Apr 85
NOTE 27p.; Paper presented at the Annual Meeting of the National Association of School Psychologists (17th, Las Vegas, NV, April 8-12, 1985).
PUB TYPE Information Analyses (070) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Adolescents; *Age Differences; Child Development; *Children; *Cognitive Development; Coping; *Death; *Developmental Stages; *Grief; Psychological Patterns; Resource Materials; School Psychologists

ABSTRACT

Experiencing the loss of a loved one can be one of the most traumatic events in a child's life. Grief resolution must be attained no matter how trivial a loss and it becomes even more important when a child's parent dies. School psychologists need to understand how the age of the child influences his ability to grieve and what behaviors might be exhibited during the grieving process. How death is explained to the child also influences understanding and resolution. Children react to the death of a loved one in a different manner than adults, and helping professionals need to understand these differences. Besides developmental factors, the emotional stability of the child prior to the loss, the sex of the child and of the deceased parent, and the circumstances surrounding the death all influence the bereavement process. Various interventions can be implemented within the school situation to help children deal with death. It is very important for parents and helping professionals to know where to turn for support and information to share with a child when a loved one dies. (The appendices list agencies and organizations which provide literature and support during the grieving process, books which discuss death in a general manner, and films and videocassettes available for leading group discussions about death.) (Author/NRB)

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Helping Children Understand and Cope With Death

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Paper presented at the National Association of School Psychologists Conference, Las Vegas, Nevada, April 1985.

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Abstract

Experiencing the loss of a loved one can be one of the most traumatic events in a child's life. Grief resolution must be attained no matter how trivial a loss and it becomes even more important when a child's parent dies. School psychologists need to understand how the age of the child influences their ability to grieve and what behaviors might be exhibited during the grieving process. How death is explained to the child also impacts understanding and resolution. Children react to the death of a loved one in a different manner than adults and helping professionals need to understand these differences. Besides developmental factors, the emotional stability of the child prior to the loss, the sex of the child and the parent, and the circumstances surrounding the death all influence the bereavement process. Interventions which can be implemented within the school situation are discussed as well as agencies which can be contacted to assist the family and child.

Helping Children Understand and Cope With Death

Children must deal with the separation and loss of significant others more often than most adults realize. Divorce, family mobility, hospitalizations and death are all instances where a child must cope with and try to understand the loss of a loved one. Each situation also has the same results; all are accompanied by grief. Jewett (1982) reports that no matter how trivial a loss, individuals must go through the same process of grief resolution, though the length and intensity will differ. Loss is also viewed as a cumulative process where, without complete resolution of a major loss, subsequent less significant losses are likely to provoke similar stress.

While exact figures are not known, it is estimated that five percent of the children in the United States (1.5 million) lose one or both parents by age fifteen (Kliman, 1979). These figures may be even higher in lower socioeconomic groups. It is imperative to realize that most of the literature on bereavement in childhood is based on observations of disturbed children who are in treatment facilities and it is difficult to know the degree to which these children are representative of children in general (Miller, 1971). Also, random samples of bereaved children that provide a more methodological approach do not provide the same depth of information and relatively few control groups are considered (Krupnick, 1984). Even Bowlby's work on attachment (1969) and loss (1980) was based on observations of institutionalized children who were temporarily separated from parents. Long-term effects of bereavement during childhood are often reported based upon retrospective data and, as such, are questionable (Gregory, 1958). Another source of information are studies conducted in other countries during wartime. Once again, it is not clear to what extent these results can be generalized to American children suffering a loss as a

result of an auto accident or long-term illness. Precise definitions of key terms such as "depression", "pathological grief", "anger" and "sadness" are seldom given, making it difficult to know whether different authors are referring to similar reactions (Krupnick, 1984).

DEVELOPMENTAL CONSIDERATIONS

There appears to be general agreement among those who deal with children's reactions to death that the child's level of development plays a primary role in the extent to which a child will understand the loss of a loved one. Krupnick (1984) reports that the tendency to impose adult models on children has led to misunderstandings about children's grieving. Specific manifestations or reactions as well as their duration are different for adults and children. These differences necessitate an understanding of childhood grieving on the part of helping professionals or others and one should not expect that children will express their emotions like adults. Children's overt behaviors during the grieving process are often misinterpreted because they often do not reveal their internal distress.

A child's need to ask the same questions about the death over and over is more of a need for reassurance that the story has not changed rather than a need for factual accuracy. Reactions which appear to be unemotional such as telling strangers "my daddy died" is the child's way of seeking reactions so that they can gauge their own reactions. Emotions may be expressed as angry outbursts or misbehavior that are often not recognized as grief-related. Children are likely to manifest such grief-related behaviors and affect on an intermittent basis for many years after a loss occurs. Such behaviors reflect the cognitive and emotional capacity of the child.

Kastenbaum (1967) reports that the understanding of the developmental concept of death in a child is only one complication which must be addressed in understanding the grieving process in children. The second major complication is "ourselves" or the adults' view of death. Adults' own problems in coming to terms with death can have a significant effect upon their children and may complicate rather than facilitate the child's quest for understanding.

Krupnick (1984) states that, "in order for complete "mourning" to occur in the true psychoanalytic sense of detaching memories and hopes from the dead person, the child must have some understanding of the concept of death, be capable of forming a real attachment bond, and have a mental representation of the attachment figure" (p. 101). Such a complete process would be closely related to developmental trends.

While it is generally agreed that prior to the age of three or four children are not able to achieve complete mourning, there still remains controversy over the years between early childhood and adolesence. The controversy centers around the question of whether a healthy resolution can be reached and the similarity between adults' and children's bereavement reactions. Before discussing children's reactions to death based upon chronological age, two points need to be made. First, the specific age references should not be taken too seriously and should only be used as a rough guide. Second, children may regress to an earlier stage when emotionally threatened.

Given that an infant and toddler seem to lack conceptions of death, they nevertheless seem to explore the state of nonbeing. Maurer (1966) is perhaps most prominent in advocating the view that the infant does in fact experiment with the idea of death in a very basic way. Maurer feels that the childhood game of peek-a-boo is a prime example of a baby's willingness to risk and

experiment with being and nonbeing. Another example is the child sitting in a high chair and throwing objects on the floor for others to retrieve. Gradually the child comes to realize that not all things come back and some may be "all-gone!" These early experiments with being and nonbeing may be a child's first steps in understanding death.

Krupnick (1984) notes that several studies have been conducted in order to determine how children at various ages comprehend death (e.g., Anthony, 1940; Bluebond-Langer, 1978; Gibney, 1965; Kane, 1979;Koocher, 1973; Menig-Peterson and McCabe, 1978; Piaget, 1951; Pitcher and Prelinger, 1963; Spinetta, 1974; Talmer et al, 1974).

Nagy (1948) and an earlier work by Scott (1896) helps us conceptualize how children view death at various ages. The preschooler believes that one's identity or who-he-is has no limit in time. Periodically, one's condition changes somewhat in the same manner as you sleep and wake. So also you "are made dead" and later return to ordinary life.

Children between the ages of three to five deny death as a final event; death is seen as reverseable. The dead are simply considered "less alive." Children functioning in Piaget's preoperational level of development tend not to recognize the irreversibility of death (Piaget, 1951). During this early stage of development of thought, the child seems to regard death mainly as a separation, a departure. As such, they make statements such as, "Daddy will be back 'soon'."

Between the ages of five and nine a child begins to comprehend the finality of death (Nagy, 1948). A seemingly detached inquiry into death is accompanied by two important assumptions. First, that death is accidental rather than inevitable. The child reports that "if you get runned over, then you would

be dead" or "He is so old and that's why he is dead." One dies under certain circumstances and if these circumstances do not occur then you cannot die. The child, at this age, does not believe that one must necessarily encounter a death-dealing situation at all. The second assumption is that the child himself will not die. Death is seen as something which will happen to others.

Children around the age of four to six are prone to misinterpret superficial events as being intrinsically involved in death. For example, if someone the child knows died in a hospital, then the child feels that he must stay away from hospitals to avoid death. The child seeks to isolate any event which "mean" or "cause" death (Kaustenbaum, 1967).

For many children between the ages of five and nine death can be neither denied nor accepted as an authentic aspect of the child's life. Compromise becomes necessary. The compromise involves an acknowledgement that death is "real" but only in an external and distant sense (Kaustenbaum, 1967). Nagy (1948) notes that for this age group there is a tendency to interpret death in anthropomorphic terms: death is a person. Only those die whom the death-man carries off. The death-man is usually regarded as a creature of the night.

After age ten children have generally made the transition in both mental development and emotional security to express an understanding of death as a final and inevitable event which is associated with the cessation of bodily functions. The death-man is no longer feared.

Children need to develop some understanding of what is alive before they can fully understand the concept of death. Researchers disagree somewhat concerning the process by which children learn to distinguish the living from the not-living as well as the exact ages on when this understanding may occur. However, there is evidence to suggest that most children are capable of

approximatin, an adult's view of the living and non-living by age ten (Huang & Lee, 1945; Klingberg, 1957; Russell, 1940; Strauss, 1951). As the child reaches adolesence he is capable of understanding life and death in a logical manner (Anthony, 1940; Piaget, 1930).

Adolesence presents a new set of problems in the child's understanding of death. As the adolescent begins to gain more independence and starts looking forward to the future, he is also faced with the realization that all future plans require time and death may come at any time to prevent these plans from reaching fruition. The adolescent soon realizes that each person grows up only to die. What sense does that make?

EXPLAINING DEATH TO A CHILD

When a child has lost a parent or loved one, there is always the question of who should tell the child of the death. There is also the question of how to explain the death to the child. The death of a loved one is best shared by the adult to whom the child feels closest. If one parent dies and the remaining parent is unable to tell the child then the child should be informed by another adult who is close to the child. The remaining adult should be reunited with the child as soon as possible (Jewett, 1982).

While a direct approach and explanation is best, there are factors which need to be considered. If a parent has died, the emotional reaction of the remaining parent must be a prime consideration. A parent who is struggling with their own bereavement and shock must not deny their child an opportunity to share in the expression of pain. Talking to the child often is painful for the adult and they therefore avoid talking to the child. Such an approach may be more to protect themselves from further upheaval rather than to protect the child.

Not talking to a child also denies the child of the opportunity to confront and resolve their own grief. John Bowlby (1980) feels that children can resolve the death of a loved one if: 1) the parent-child relationship has been reasonably secure prior to the death; 2) the child is given accurate information about the death as soon as possible and is allowed to ask questions and receives honest answers; 3) the child participates in the family grieving process including attending the funeral if the child desires; 4) a trusting adult can aid in comforting the child on a continuing basis.

The surving parent should ask themselves several questions, if time allows, before seeing the child. Questions such as, "Do I feel guilty or anxious about what has happened?", "Do I feel rejected or abandoned, unloved or alone?", "Do I feel insecure about practical matter?", "Am I relieved at ending a bad situation?", "Do I blame someone else in the family for what has happened?", or "Do I have expectations as to the right way for the child to react?" (Jewett, 1982, p. 4). How the parent answers these questions will dictate how they will interact with the child and also will dictate how they might expect their child to react to the loss of a loved one.

During such emotionally trying times there is a tendency to rely upon the child for comfort and understanding. Adults should avoid using children as confidants and when this is not possible the parent should seek out someone else such as a psychologist or counselor for the child to talk to. Parents should also remember that if they inadvertently say something which they later regret, they can always approach the child again and correct things.

The single most important message to relay to a child who has lost a loved one is, "You are not alone, I am with you." Touching or holding a child may do more to relay a parent's message than any words could ever express. The facts

of the loss should be conveyed in as straight-forward of a manner as possible. Also, it should be remembered that children get their understanding of life primarily through their senses rather than through their intellects. It is helpful to tie the news to a sensory or bodily connection. Tying news back to what the child has heard or seen makes the information more real.

Additionally, Jewett (1982) points out that children process information differently from adults. Young children, prior to seven, use "magical thinking" during the egocentric stage of life. Personal thoughts, wishes and actions are believed to be the causes for what happens. Children walking down the street carefully avoiding cracks lest they "step on a crack, break your mother's back" is an example of magical thinking. Young children who experience a loss will almost always display magical thinking ("If only I would have stayed home, it wouldn't have happened") and often adults display magical thinking in times of crisis. A clear message needs to be given to the child that it was not their fault that the loved one died. They need to know that there is nothing which could have been done or can be done to make things different.

After magical thinking, children move on to concrete thinking, which continues until about age twelve. During this stage the child's thinking is in terms of "either/or." Subtleties, ambiguities and euphemisms are either missed or not clearly understood. As with magical thinking, in times of stress it is not unlikely that adults will cling to the simple contrasts of concrete thinking.

Because many adults have a difficult time dealing with and accepting death, it is natural to wonder just how much a child can really understand about death. Evidence has shown that children can conceive of death accurately, as irreversible and due to natural causes, depending on what has been told to the child.

Past experiences help the adult deal with the loss of a loved one but children often have no such experiences to fall back on. The two most important things to tell a child who has experienced the loss of a loved one through death are first, that the dead person will never return and second, that the dead person's body will be buried in the ground or burned to ashes (Jewett, 1982). Having the child attend the funeral services is also very important. Prior to attending the funeral someone should explain to the child what will take place, who will be there and how people are likely to act. This information will help the child put his own behaviors into perspective. The choice of whether to view the deceased or to touch the dead person should be left up to the child.

As much continuity as possible should be maintained in the child's daily routine after a loss. Likewise, families should avoid additional losses immediately after a major one. Changing to a new school or moving away to a new neighborhood should be postponed until later. Parents may be unsure of exactly where to start in helping a child deal with the death of a loved one. There really isn't a starting place; parents should follow the lead of the child by responding to the questions that are asked and the behaviors which are exhibited.

REACTIONS TO AND OUTCOMES OF BEREAVEMENT

Understanding how a child might react to the loss of a loved one is vital. Natural reactions to death need to be understood so that individuals working with the grieving child are better able to support the child during this time period. Jewett (1982) identifies three phases which children, as well as adults, go through in order to reach some resolution. The grieving process takes the individual through these three phases but it needs to be understood that they

are not discrete phases and some overlap may be seen. Children may also skip around among these phases and in time of added stress, such as birthdays or special holidays, they may regress to a previous phase. The length and intensity of each phase is dictated by the seriousness of the loss.

Phase one is referred to by Jewett (1982) as early grief. During this phase, the child's initial reactions are shock and numbing. The realization that the loved one has died results in a mechanical process of completing daily activities; one seems to be simply "going through the motions." A flat affect is observed which may be combined with sudden outbursts of panic. Children will ignore friends and not get involved in activities which were pleasurable prior to losing a loved one.

Concern over how a child might react to being told of a death often stops adults from sharing information with the child. Often this concern is greater than necessary. Adults need to be reassured that in times of great stress there is a shuting down of awareness on an emotional, intellectual and even a physical level. A defense mechanism works to not allow the individual to become overwhelmed in times of stress. A child's initial reaction may be a casual acceptance followed by crying at a later time period. It may be necessary later on to repeat the message that there has been a death of a loved one.

After the shock has subsided, there is typically a reaction of alarm. Alarm, because the child has questions of who is now going to care for him and keep him safe. Physiological changes occur such as an increased heart rate and muscle tension. Insomnia as well as being increasingly prone to illness are also common reactions. Such symptoms are likely to occur on an intermittent basis as the child processes the reality of his situation.

The most effective way of helping a child during this time span is first to offer a great deal of reassurance and physical comfort. Sticking to a

set schedule and not being late when the child expects the parent to pick them up are also helpful for the child during this time period.

Denial and disbelief are also behaviors which may be exhibited during the initial phase of grief. The child does not accept the loss and so the child reports that the dead person was either seen or that his vioce was heard. This denial allows a child to shut out the hurt if it is overwhelming and to deal with the loss when feeling less threatened. The denial can be exhibited in many ways. Deprecation, contempt or other efforts to devalue the lost person are all forms of the denial process. Adults may also see the child as hyperactive and unable to sit and attend for any length of time. Keeping busy is the child's way of avoiding the possibility of having to think about the loss.

Phase two, acute grief, has several characteristic behaviors such as yearning, searching, disorganization, dispair and ultimately reorganization. The death of a loved one leaves the child wishing for a different ending. A child's world is filled with make believe and fairy tales where the endings are always happy. Children identify with those they read about or see on television and naturally wish for a reunion after a loss. This yearning is a stage of grief that will recur for some time. Resolution is reached by the repeated yearnings not being met and the child gradually understanding the reality of the loss and separation. It is the mastering of one's feelings about the loss which ultimately leads to resolution.

A major part of this phase is the strong feelings a child has such as sadness, anger, guilt and shame. Adults who allow children to experience and accept these feelings as natural will be greatly facilitating the grieving process. The supportive adult during this phase must realize that it will

take a long time before the child feels better. Once the stage of intense feelings starts, it could take six to twelve weeks for the worst pain to subside, and as much as two years before the grief process is completed (Jewett, 1982).

The last phase is the integration of loss and grief where one will see the child begin to get his life reorganized. Acceptance of the loss results in less frequent and less intense crying. Often children are able to verbalize an awareness of what they have been through and a feeling of growth is evident.

While the data is inconclusive, there is evidence that childhood bereavement can be a precurser for later emotional difficulties. Whether children have experienced prior emotional problems or were from a dysfunctional family system are factors which dictate whether more severe pathological developments might occur after the loss of a loved one (Elizer & Kaffman, 1983).

Bowlby (1980) reports that the loss of a loved one early in the child's life renders the child vulnerable to future depression. Gay and Tonge (1967) suggest that depression associated with early bereavement tend to be reactive rather than endogenous. However, factors such as the quality of the relationship with the caretakers after the loss may be more influential in determining risk for later depression than the actual experience of bereavement (Birtchnell, 1980). In summary, the data is inconclusive regarding the long-term consequences of bereavement during childhood and adolescence. Potential problems are indicated but there is a lack of understanding as to what places a bereaved child at risk (Krupnick, 1984).

FACTORS AFFECTING CHILDHOOD BEREAVEMENT

The age and emotional stability of the child, sex of the deceased and of the child, the nature of the relationship between the child and the deceased as well as the quality of the child's support system during and after the death of a loved one are all factors which will affect the grieving process in children.

Bowlby (1980) found that bereaved children under the age of five were more likely to experience pathological outcomes. Early adolescence also appears to be a vulnerable time in terms of losing a loved one (Black, 1978). Children who have had parental relationships characterized by ambivalence or dependence tend to experience more difficult reactions to loss (Raphael, 1983). Preadolescent children, unlike adults or adolescents who have a number of close relationships outside the family, invest love almost exclusively in parental figures (Furman, 1974). Thus, preexisting relationships and the age of the child may be interacting factors in the grieving process.

Inconsistent results have been noted in studies where the sex of the deceased parent and the child was investigated. Kliman (1979) reports that from about age three and older, a more overt yearning takes place when the opposite-sex parent dies. However, unique anxieties may develop when the same-sex parent dies, especially if the child views his/her new role as one of replacing the deceased parent. Studies also suggest that girls are more vulnerable than boys to parental bereavement in general and more affected by the loss of a father during adolesence (Birtchell, 1972; Black, 1978). Kaffman and Elizur (1983), on the other hand, found few differences between boys and girls who had lost a father.

When there is a death in the family, chaos and disorganization usually preside rather than the atmosphere of stability and consistency. The major source of support for a child is the parents and during the time period after a death they are often unable to provide the child with an environment condusive for healing. When a father dies, the mother's capabilities of remaining assertive while coping with the loss as well as the availability of a supportive father figure influences the child's later responses to the loss (Elizur & Kaffman, 1983). How the surviving parent handles the grieving process and the extent of dependency placed on the child also impact future responses of the child (Hilgard et al., 1960).

A final factor which affects the grieving process in children is the circumstances of the death. Whether one dies as a result of an extended illness, accident, in the home or in a hospital all influence the bereavement process. Generally it is easier for a child to deal with an expected death rather than a sudden death because of the time allowed to prepare. Suicide is generally considered the most difficult type of death to accept (Shneidman, 1972).

INTERVENTIONS

As mentioned earlier, parental views on death influence how they are likely to interact with their child when a death in the family occurs. Parents either do not inform their children when a loved one dies or they do so in an inappropriate manner.

Of primary importance for a parent or other helping professional is knowing where to turn for support and information to share with their child when a loved one dies. Appendix A lists several agencies or organizations which have been established to provide literature and support during the

grieving process. Many local funeral homes have literature available which explains death as well as the funeral process. Some funeral homes have individuals who are employed as grief counselors who can provide direct support to the families. Parents or others may want to contact an organization who specializes in support for specific types of death (i.e., cancer, violent crime, murder).

From a preventive standpoint, it is helpful to educate children about death before they experience the loss of a loved one. Children often ask questions about death at an early age and adults tend not to give direct answers. Several options are available to assist children in understanding death before they experience it in an emotionally threatening way. When a child's pet dies or a flower dies, these situations should be utilized to discuss death. When driving and a cemetery or a funeral possession is seen, parents should respond to a child's questions about what is happening in a direct and honest manner.

There are numerous children's books and books for adults which help to explain death in an understandable way. Using bibliotherapy can be helpful; however, several cautions need to be noted. First, the adult should read the book first before giving it to the child. This assures that the content is consistent with the adult's own approach to death. It also allows the adult to better respond to questions from the child. Second, consideration should be given to the child's age and development so that appropriate level books can be given to the child. Third, the content of the book should coincide with the loss the child has experienced. Fourth, after reading a book, the child should have an opportunity to discuss it with an adult. This allows for questions to be answered and misconceptions corrected. Appendix B lists

several books which discuss death in a general manner. Heath (unpublished manuscript) has a list of books discussing death of a pet, friend, sibling, parent or grandparent.

School psychologists or other helping professionals may also want to utilize audio-visual aids in addition to reading materials in order to teach children about death. Appendix C lists several film, filmstrips or vidio-cassettes which are available for leading group discussions about death. These materials are excellant for use in a preventive nature with children.

Jewett (1982) discusses several techniques to assist children through the grieving process and are helpful after the loss of a loved one. Some of her techniques are discussed below.

Five Feelings Technique: Many children find it difficult to talk about their feelings. They can be supported by telling them that "there are five common feelings that grownups and children have: sad, mad, glad (or happy), scared, and lonely. Let's check it out. When you think about not living with your father any more do you have sad feeling?" "What about scared feelings?" And so on through the list (p. 53-54).

Five Faces Techniques: Have the child help tear up a sheet of paper into four pieces. "Now we are going to make some different faces on these pieces of paper. You know how people show what they feel on their faces rather than telling you in words. Do you ever do that?" "Can you write the names for our faces at the top of these pieces of paper if I tell you what they are?" The words sad, mad, glad (or happy), scared, and lonely are given to the child to write. "Now we have to make some faces to go with these words." Then ask the child to draw the various faces. If the child is not sure how to draw a face the helper could demonstrate and then have the child make a similar face before drawing it on paper (p. 55-56).

Playing Games With the Feeling Faces: Several games can be played with these faces which lead the child into discussing feelings (p. 57).

1. pick a card - the child picks a card without knowing which feeling is on it. Then the child can either talk about a time when he had that feeling or tell a story about what might make someone have that feeling.

2. fish - Get three or four sets of faces. Shuffle and deal five to each person. Then play like "Go Fish", except when a pair is laid down the player must tell a story about when he had that feeling.

3. story telling - Make up a story, tell part of it, and then have the child point to which feeling comes at that place. After chosing a face, continue the story stopping several times for the child to pick a face.

To help release anger, Jewett (1982) suggests using materials such as clay, tearing up newsprint, foam bats, punching bags, or using a hammer and nails. These allow for a release on the child's part but are safe so that the child can never feel "out of control." More techniques are discussed by Jewett and readers are encouraged to refer to her book for other specific activities which can be tied to various stages in the grieving process.

A final comment concerning interventions is how to know when a child is experiencing pathological grieving and in need of professional help. Intensity and duration are two important factors to consider but the limits can be difficult to establish (Krupnick, 1984). Bowlby (1980) established the following warning signals: the presence of persistent anxieties, hopes of reunion and a desire to die, persistent blame and guilt, patterns of overactivity with aggressive and destructive outbursts, compulsive care-giving and self reliance, euphoria with depersonalization and identification symptoms and accident proneness.

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APPENDIX A

Agencies/Organizations

1. Local funeral directors
2. The Center for Grief Counseling & Education, Inc.
   P.O. Box 1377
   Madison, WI 53701
   (608) 221-2414
3. The Compassionate Friends, Inc.
   Rural Route 1, Box 61A
   Star Lake, NY 13690
   (312) 323-5010
4. The Good Grief Program
   Judge Baker Guidance Center
   295 Longwood Avenue
   Boston, MA 02115
   (617) 232-8390
5. Families & Friends of Missing Persons & Violent Crime Victims
   P.O. Box 21444
   Seattle, WA 98111
   (206) 782-8306
6. Children's Cancer Research Insitute
   2351 Clay Street, Suite 512
   San Francisco, CA 94115
7. Parents of Murdered Children
   1739 Bella Vista
   Cincinnati, OH 45237

APPENDIX B

Books Dealing With Death

Anders, R. (1978) A look at death. Minneapolis: Lerners Publishers.

Bernstein, J. & Bernstein, S. (1977) When people die. New York: E. P. Dutton.

Bisignano, J. (1984) Living with death. Tucson, AZ: Kino Publications.

Center for Attitudinal Healing (1978) There is a rainbow behind every dark cloud. Millbrae, CA: Celestrid Arcs.

Grollman, E. (1976) Talking about death: A dialogue between parent and child. Boston: Beacon Press.

Grollman, E. (Ed.) (1967) Explaining death to children. Boston: Beacon Press.

Jewett, C. (1982) Helping children cope with separation and loss. Harvard, MA: Harvard Common Press.

Krementz, J. (1983) How it feels when a parent dies. New York: Alfred A. Knopf.

LaTour, K. (1983) For those who live: Helping children cope with the death of a brother or sister. Dallas: Kathy LaTour.

Levy, E. (1982) Children are not paper dolls. Springfield, IL: Human Service Press.

Manning, D. (1984) Don't take my grief away. New York: Harper & Row.

Mellonie, B. & Ingpen, R. (1983) Lifetimes: The beautiful way to explain death to children. New York: Banton Books.

Osterweis, M., Solomon, F. & Green, M. (Eds.) (1984) Bereavement: Reactions, consequences, and care. Washington, D.C.: National Academy Press.

APPENDIX C

Audio-visual Aids

1. Talking With Young Children About Death

2. Mister Rogers' Neighborhood - "Death of a Goldfish"

   16mm color film 3/4" Beta or VHS vidiocassette

   Family Communications, Inc.

   4802 Fifth Avenue

   Pittsburgh, PA 15213

   (412) 687-2990

3. And We Were Sad Remember

   16mm color film

   rent: National Audio Visual Center

   Washington, D.C.

   sale: Kartes Video Communications, Inc.

   10 E 106th Street

   Indianapolis, IN 46280

4. Coping With a Death in a Family

   4 color filmstrips, 4 cassettes, guide

   Learning Tree Filmstrips

   P.O. Box 4116

   Englewood, CO 80155

5. The Death of a Friend: Helping Cope With Grief & Loss

   3/4 or ½" VHS ½" Beta vidiocassette

   rent: The National Center for Death Information

   656 Beacon Street

   Boston, MA 02215

   (617) 536-0194

APPENDIX C (Cont.)

sale: The Good Grief Program

Judge Baker Guidance Center

295 Longwood Avenue

Boston, MA 02115

(617) 232-8390